

2017 VFC Provider Re-Enrollment

Getting Started

Visit the web page www.contactkswebiz.info and login to your IV-4 account. If you do not have an IV-4 account, visit www.contactkswebiz.info and select the VFC tab and select *START HERE*. The system will first walk you through setting up your login and then send you through the VFC re-enrollment.



The screenshot shows the login page for the Kansas Immunization Program's IV-4 System. The header includes the "iV-4" logo and a navigation menu with links: Home, KWebIZ Users, Healthcare Providers, Public Health, Pharmacies, EHR Vendors, IDNS Vendors, Help Desk, and VFC. The main content area features a large blue heading: "Welcome to the Kansas Immunization Program's IV-4 System!". To the right, there is a "Returning Users" section with a login form containing fields for "Username:" and "Password:", "Login" and "Clear" buttons, and links for "Forgot Password." and "Not Registered? Register Now."

On your *Main* page you will see your *Vaccines for Children* box. Select *Click to Start VFC Enrollment*.



The screenshot shows a box titled "Vaccines for Children" with the subtitle "VFC Enrollment Status". It displays the status "Not Started" and "No Enrollment Data Available for 2017". Below this, there is a link "Click to Start VFC Enrollment" and another section titled "Flu Pre-Book Status". This section includes a warning icon and the text "Time to Pre-book your Flu Order!", followed by a link "Click to submit Flu Pre-book".

The system will guide you through several steps to collect information necessary to complete enrollment. You may logout at any time after completing a step. Be sure to complete the step you are on before logging out to save the information you entered. When you log back in, the system will prompt you to continue where you left off.

Information Collected During Enrollment

Clinic's Physical Location

Facility Information (* required)			
*Facility Name	<input type="text"/>	VFC PIN #	<input type="text"/>
*Facility Address	<input type="text"/>	Unit #	<input type="text"/>
*City	<input type="text"/>	*State	<input type="text" value="Kansas"/>
*County	<input type="text"/>	*Country	<input type="text" value="United States"/>
Telephone*	<input type="text"/>	Fax	<input type="text"/>
		<input type="checkbox"/> New Enrollment	
		P.O. Box	<input type="text"/>
		*Zip	<input type="text"/>

Shipping Address

Shipping Information			
<input type="checkbox"/> Same as above			
Shipping Address	<input type="text"/>	Unit #	<input type="text"/>
City	<input type="text"/>	State	<input type="text" value="Kansas"/>
County	<input type="text"/>	Country	<input type="text" value="United States"/>
		P.O. Box	<input type="text"/>
		Zip	<input type="text"/>


Medical Director

- A. Name (Last, First)
- B. Contact Information: Phone and email
- C. Declare if they have completed 2017 annual online VFC trainings provided by CDC
 - I. Vaccines For Children (VFC)-2017
 - II. Vaccine Storage and Handling-2017

Please note: The CDC 2017 VFC Training Modules are not required for the Medical Director, they are optional. Selecting "no" when declaring completion of the modules is acceptable.

Medical Director or Equivalent

Instructions: The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

*Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="text"/>
*Title	<input type="text"/>	*Specialty	<input type="text"/>		
*License #	<input type="text"/>	Employer Identification Number (EIN)	<input type="text"/>		
*Email	<input type="text"/>				
 Please provide one or both of below requested identifiers. Either Medicaid or the prescribing provider's National Provider Identification (NPI) number MUST be entered.					
*Medicaid ID	<input type="text"/>	*Provider's NPI	<input type="text"/>		
*Has the Medical Director or Equivalent completed CDC's annual "You Call the Shots" training? <input type="radio"/> Yes <input type="radio"/> No					
If yes, please indicate, which trainings were completed?					
<input type="checkbox"/> Vaccines for Children (VFC) - 2017					
<input type="checkbox"/> Vaccine Storage and Handling - 2017					

Primary Vaccine Coordinator

- A. Name (Last, First)
- B. Contact Information: Phone and email
- C. Declare if they have completed 2017 annual online VFC trainings provided by CDC
 - I. Vaccines For Children (VFC)-2017
 - II. Vaccine Storage and Handling-2017

Backup Vaccine Coordinator

- A. Name (Last, First)
- B. Contact Information: Phone and email
- C. Declare if they have completed 2017 annual online VFC trainings provided by CDC
 - I. Vaccines For Children (VFC)-2017
 - II. Vaccine Storage and Handling-2017

VFC Vaccine Coordinator

It is required for your designated Primary and Backup VFC Vaccine Coordinators to complete CDC's "You Call the Shots" online Training modules [Vaccines for Children \(VFC\) - 2017](#) & [Vaccine Storage and Handling - 2017](#). Training Certifications received for completing the training must be submitted to complete your application of enrollment in the VFC Program.

Primary Vaccine Coordinator

*Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="text"/>
*Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Has the Primary Vaccine Coordinator completed CDC's annual "You Call the Shots" training? <input type="radio"/> Yes <input type="radio"/> No					
If yes, please indicate, which trainings were completed?					
<input type="checkbox"/> Vaccines for Children (VFC) - 2017					
<input type="checkbox"/> Vaccine Storage and Handling - 2017					

Backup Vaccine Coordinator

*Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="text"/>
*Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Has the Backup Vaccine Coordinator completed CDC's annual "You Call the Shots" training? <input type="radio"/> Yes <input type="radio"/> No					
If yes, please indicate, which trainings were completed?					
<input type="checkbox"/> Vaccines for Children (VFC) - 2017					
<input type="checkbox"/> Vaccine Storage and Handling - 2017					

Facility Information

Facility Information

Select	<input type="radio"/> Public <input checked="" type="radio"/> Private
Does this facility ONLY provide vaccines to adults?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Facility Type	<input type="text"/>

Approved Vaccine Delivery Times

Approved Vaccine Delivery Times

	From Time 1	Through Time 1	From Time 2	Through Time 2
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vaccine Profile – Population Served by Your Clinic

Any provider that is currently Direct Entry KSWebIZ and in 2016 input data for a minimum of 3 months can access instructions for the Eligibility Category Patient Count Report by selecting [here](#).

VFC Provider Profile - Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility by age group. Only count a child once based on the status at the last immunization visit regardless of the number of visits made. The following table documents how many children received VFC vaccine by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underinsured in FQHC/RHC or deputized facility ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total VFC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children's Health Insurance Program (CHIP) ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Non-VFC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Patients (must equal sum of Total VFC + Total Non-VFC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Data Used to Determine Provider Population

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Doses Administered |
| <input type="checkbox"/> Medicaid Claims Data | <input type="checkbox"/> Provider Encounter Data |
| <input type="checkbox"/> IIS | <input type="checkbox"/> Billing System |
| <input type="checkbox"/> Other (must describe): | |

Provide the following information for all prescribing providers in the clinic:

Enter Provider Information (* required)

All licensed health Care providers (MD, DO, NP and PA) at your facility who have prescribing authority must be identified.

* Required Provider Identifying information:


- | | | |
|------------------------|----------------------|---|
| 1. First Name | 4. Title | 7. Medicaid Number |
| 2. Last Name | 5. Specialty | 8. National Provider Identificaiton (NPI) |
| 3. Middle Initial (MI) | 6. Medical License # | 9. Employer Identification Number (EIN) |

*How many providers are there in this location?

Enter Provider Information (* required)

*Do you have an Individual NPI for this Provider? ☐ Yes ☐ No

Adding 1 of 1

*Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="text"/>
*Title	<input type="text"/>	*Specialty	<input type="text"/>		
*License No	<input type="text"/>	Employer Identification Number (EIN)	<input type="text"/>		
 Please provide one or both of below requested identifiers. Either Medicaid or the prescribing provider's National Provider Identification (NPI) number MUST be entered.					
*Medicaid ID	<input type="text"/>	*Provider's NPI	<input type="text"/>		

The system will automatically validate NPI numbers. If a NPI number you enter is invalid the system will throw a warning



NPI Registry Alert!

Provider data not found in NPI Registry.

Enrollment Submission Method

Sign the 2017 VFC Provider Agreement using the electronic signature feature. The enrollment will automatically take you to the electronic signature page when all of the information listed above has been entered.

VFC Agreement Submitted				Sign & Submit VFC Agreement
#	Date Submitted	Approved	Date Approved	View Form
No Records Found.				

After signing the 2017 VFC Provider Agreement electronically, select the Submit box just below the electronic signature line. Selecting Submit will automatically send your 2017 VFC Enrollment to the Kansas Immunization Program to review and approve. You will be notified when your 2017 VFC Enrollment has been approved or if changes need to be made.

KANSAS IMMUNIZATION PROGRAM 2017	
By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.	
Facility Name: Darrin VFC Test -Update 1	VFC PIN #:
Signature <input type="checkbox"/> I agree to the above terms and conditions as set forth by the Kansas Immunization Program.	Date: 04/27/2017
Signed electronically by:	

Flu Pre-Book

On your *Main* page you will see your *Vaccines for Children* box. Select *Click to Submit Flu Pre-Book*.



Vaccines for Children

VFC Enrollment Status

Not Started
No Enrollment Data Available for 2017


[Click to Start VFC Enrollment](#)

Flu Pre-Book Status


 Time to Pre-book your Flu Order!

[Click to submit Flu Pre-book](#)

The system will guide you through submission of your 2017-2018 Influenza vaccine pre-book. The system will request that you enter the amounts you forecast your clinic will administer in 2017.



Flu Pre-Book



Instructions: Enter amounts by forecasting the number of doses you believe you will administer in 2017.

 Mark "Not Ordering" for all vaccine you DO NOT intend to place an order for this year.

Not Ordering	Manufacturer	Brand	Age	Presentation	VFC # doses	CHIP # doses	317 # doses
<input type="checkbox"/>	GSK	Fluarix Quad (IIV4)	36mos+	10 1 dose syringes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/>	GSK	Flulaval Quad	6mo+	10 1 dose syringes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/>	Sanofi	Fluzone Quad (IIV4)	36mos+	10 1 dose vials	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/>	Sanofi	Fluzone Quad (IIV4)	36mos+	10 1 dose syringes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/>	Sanofi	Fluzone Quad (IIV4)	6-35mos	10 1 dose syringes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

What to Expect After

You will be notified by email when your re-enrollment has been approved or if changes need to be made.

All new Primary and/or Backup VFC Vaccine Coordinators will need to register for access to KSWebIZ as each VFC Vaccine Coordinator is required to have training and access to KSWebIZ to submit monthly VFC reports and orders.

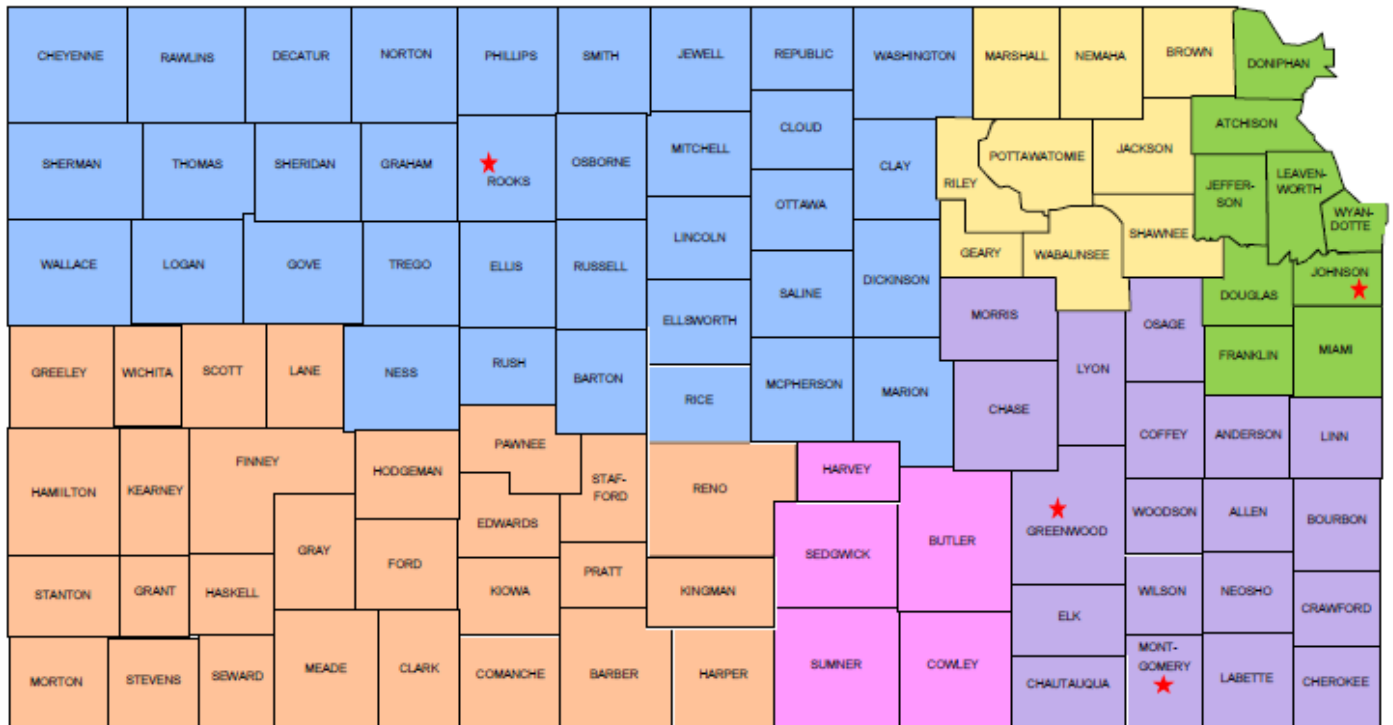
New Primary and/or Backup VFC Vaccine Coordinators can proceed with registering for KSWebIZ by visiting <https://kanphix.kdhe.state.ks.us/>.



Enrollment Questions

Questions about your 2017 VFC Enrollment should be directed to your VFC Regional Nurse.

Immunization Program Regional Consultant Assignments



Light Yellow: North Central Region—Jackie Strecker (jackie.strecker@ks.gov 785-207-1916)

Pink: South Central region—KIP Helpdesk (877-296-0464)

Light Purple: South East Region—Jayme Lewis (jayme.lewis@ks.gov or 785-213-6337)

Green: North East Region - Becky Prall (becky.prall@ks.gov or 785-213-2972)

Light Orange: South West Region—Dena Rueb (dena.rueb@ks.gov or 785-250-3292)

Light Blue: North West Region—Lorraine Baughman (lorraine.baughman@ks.gov or 785-213-4110)

★: Providers 0037, 0082, 6469, 6478— Becky Prall (becky.prall@ks.gov or 785-213-2972)

04/27/2017

You may also submit a Support Ticket in IV-4 by selecting the *Help Desk* tab.

